

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10565172

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		1	1	1		
7		1	1	1		
8		1	1	1		
9		1	1	1		
10		1	1	1		
11		1	1	1		
12		1	1	1		
13		1	1	1		
14		1	1	1		
15		1	1	1		
16		1	1	1		
17		1	1	1		
18		1	1	1		
19		1	1	1		
20		1	1	1		
21		1	1	1		
22		1	1	1		
23		1	1	1		
24		1	1	1		
25		1	1	1		
26		1	1	1		
27		1	1	1		
28		1	1	1		
29		1	1	1		
30		1	1	1		
31		1	1	1		
32		1	1	1		
33		1	1	1		
34		1	1	1		
35		1	1	1		
36		1	1	1		
37		1	1	1		
38		1	1	1		
39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43	1		1	1		
44	1		1	1		
45		1	1	1		
46	1		1	1		
47	1		1	1		
48	1		1	1		
49	1		1	1		
50	1		1	1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1	1		
53			1	1		
54			1	1		
55			1	1		
56			1	1		
57			1	1		
58			1	1		
59			1	1		
60			1	1		
61			1	1		
62			1	1		
63			1	1		
64			1	1		
65			1	1		
66			1	1		
67			1	1		
68			1	1		
69			1	1		
70			1	1		
71			1	1		
72			1	1		
73			1	1		
74			1	1		
75			1	1		
76			1	1		
77			1	1		
78			1	1		
79			1	1		
80			1	1		
81			1	1		
82			1	1		
83			1	1		
84			1	1		
85			1	1		
86			1	1		
87			1	1		
88			1	1		
89			1	1		
90			1	1		
91			1	1		
92			1	1		
93			1	1		
94			1	1		
95			1	1		
96			1	1		
97			1	1		
98			1	1		
99			1	1		
100			1	1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		24	←		←
TOTAL CLAIMS			26			